



CANNON BUILDING  
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STATE OF DELAWARE

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## DEADLY WEAPONS DEALER LICENSE – INFORMATION ABOUT OWNERSHIP

### INSTRUCTIONS

**Each** owner, officer and/or director of a Deadly Weapon business must complete and submit this form. This includes the owner or officer/director who submits the application form on behalf the business as well as *all other* owners, partners, and/or corporate or association officials. The form must be notarized.

### IDENTIFYING AND CONTACT INFORMATION

1. Name of Business (as it appears on the *Application for Deadly Weapons Dealer License*):

\_\_\_\_\_

2. Your position in the business named above (check one):

☐ Sole Proprietor    ☐ Partner    ☐ Corporate Officer    ☐ Other (explain): \_\_\_\_\_

3. Your Full Name: \_\_\_\_\_

4. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: \_\_\_\_\_  
**If no, you must file a [Request for Exemption from Social Security Number Requirement](#).**

5. Enter the following information about yourself:

Date of Birth (month/day/year): \_\_\_\_\_ Gender: Male ☐ Female ☐

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Citizenship: \_\_\_\_\_

**Enclose a photograph of yourself.**

6. Your *Mailing* Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7. Your *Residence* Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

8. Phone: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Email: \_\_\_\_\_

9. Previous Occupations: \_\_\_\_\_

\_\_\_\_\_

### REQUIREMENTS REGARDING EMPLOYEES

10. Do you understand that deadly weapons dealers are required to keep and maintain a list of current employees including their names, former names used, dates of birth, physical descriptions and social security numbers and that the list and attachments, although confidential, must be open for inspection by any Delaware police officer within their respective jurisdiction, at any time, at your primary place of business during regular business hours (24 *Del. C. §904 (b)*)? Yes ☐ No ☐

11. Do you understand the following requirements regarding employees and do you agree to abide by each requirement?

- Deadly weapons dealers must never knowingly allow any employee who is a person prohibited from possessing a deadly weapon to sell deadly weapons. Yes ☐ No ☐
- Before hiring and once every calendar year thereafter, deadly weapons dealers are required to conduct a telephone criminal history check on each employee and maintain a record of these checks with the required employee list. Yes ☐ No ☐

## DISCLOSURES

12. Have you – either as an individual or as a member of a firm, association, or corporation – ever previously engaged in the private business of selling deadly weapons? Yes ☐ No ☐ **If yes, give details:**

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13. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, submit a certified copy of a criminal history record from each jurisdiction where you have a record. For information on obtaining a Delaware criminal history record, click on [State Bureau of Identification](#).**

14. Are any criminal charges pending against you? Yes ☐ No ☐ **If yes, enclose a complete explanation and any documentation related to the charges.**

15. Have you ever had a license to operate a deadly weapons dealer business suspended, revoked, or subject to other disciplinary action in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Enclose copies of all relevant records.**

16. Are any unresolved complaints pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**

17. Do you have any impairment related to drugs or alcohol that would limit your ability to act as a deadly weapons dealer in a manner consistent with the safety of the public? Yes ☐ No ☐ **If yes, submit a letter explaining fully.**

## AFFIDAVIT

I swear that I am the person who executed this form, that the statements herein contained are true in every respect and that I have not suppressed or withheld information that might affect the application of for licensure of this business as a Deadly Weapon Dealer. I swear that I have read and that I will abide by all provisions of Title 24 of the *Delaware Code*, Chapter 9, related to Deadly Weapons Dealers. I further certify that I have read and understand this statement.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

City of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Signature of Notary: \_\_\_\_\_

SEAL

My Commission Expires: \_\_\_\_\_

**FORMS THAT ARE UNSIGNED, NOT NOTARIZED, OR INCOMPLETE WILL BE REJECTED.**